FILE 'HOME' ENTERED AT 15:29:09 ON 07 NOV 2003

L1 744 (MEASLES OR MUMPS OR RUBELLA) (S) (CANCER OR TUMOR OR CARCINOMA)

(FILE 'HOME' ENTERED AT 15:29:09 ON 07 NOV 2003)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 15:29:38 ON 07 NOV 2003

L1 744 S (MEASLES OR MUMPS OR RUBELLA) (S) (CANCER OR TUMOR OR CARCINO
L2 29 S L1 AND ATTENUAT### (S) (MEASLES OR MUMPS OR RUBELLA)
L3 416 S L1 AND (MUMPS OR RUBELLA)
L4 156 S L3 AND RUBELLA
L5 6 S L4 AND L2
L6 5 DUP REM L5 (1 DUPLICATE REMOVED)
L7 122 DUP REM L4 (34 DUPLICATES REMOVED)
L8 88 S L7 NOT PY>1999
L9 39 S L8 AND RUBELLA (S) (CANCER OR TUMORE OR CARCINOMA)
L10 83 S L8 AND RUBELLA (S) (CANCER OR TUMOR OR CARCINOMA)
L11 27 S L10 AND (MEASLES OR MUMPS)
L12 0 S L2 AND (POINT-MUTATION OR POINT (A) MUTATION)
L13 2 S L1 AND (POINT-MUTATION OR POINT (A) MUTATION)
L14 7 S ATTENUAT#### (S) MEASLES AND (POINT-MUTATION OR POINT (A) MUT
L15 2 DUP REM L14 (5 DUPLICATES REMOVED)
L16 2 S L15 NOT L13

L6 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2003 ACS on STN
AN 2002:240505 CAPLUS
DN 136:257218
TI A method for limiting the growth of **cancer** cells using an **attenuated measles** virus
IN Russell, Stephen James; Fielding, Adele; Peng, Kah-Whye; Grote, Deanna
PA Mayo Foundation for Medical Education and Research, USA
SO PCT Int. Appl., 76 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2002023994	A1	20020328	WO 2001-US42259	20010921
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
AU 2001095063	A5	20020402	AU 2001-95063	20010921
PRAI US 2000-668196	A2	20000922		
WO 2001-US42259	W	20010921		

AB A method for treating **cancer** cells is provided comprising directly or systemically administering a therapeutically ED of an **attenuated measles** virus. In one embodiment, the therapeutically ED is from about 103 pfus to about 1012 pfus and is delivered by direct injection into a group of cancer cells or via i.v. injection.
RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 5 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 2002227841 EMBASE
TI Immunomodulatory vaccination in autoimmune disease.
AU Urbanek-Ruiz I.; Ruiz P.J.; Steinman L.; Fathman C.G.
CS Dr. C.G. Fathman, Division of Immunology, Center for Clinical Immunology, Stanford Univ. School of Medicine, 269 Campus Drive, Stanford, CA 94305, United States. cfathman@stanford.edu
SO Endocrinology and Metabolism Clinics of North America, (2002) 31/2 (441-456).
Refs: 84
ISSN: 0889-8529 CODEN: ECNAER
PUI S 0889-8529(01)00021-4
CY United States
DT Journal; General Review
FS 003 Endocrinology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
AB The development of vaccines is arguably the most significant achievement in medicine to date. The practice of innoculation with the fluid from a sore to protect from a disease actually dates back to ancient China; however, with the introduction of Jenner's smallpox vaccine, and greater

understanding of the immune system, vaccines have become specific and systematic. Traditional vaccines have used killed pathogens (hepatitis A and the Salk polio vaccines), immunogenic subunits of a given pathogen (hepatitis B sub-unit vaccine), or live **attenuated** pathogens (**measles**, **mumps**, **rubella**, Sabin polio vaccines) to generate protective immunity. Currently, a new generation of vaccines that use the genetic material of a pathogen to elicit protective immunity are being developed. Although the most widespread and successful use of vaccines today remains in the arena of infectious diseases, manipulations of immune responses to protect against **cancers**, neurologic diseases, and autoimmunity are being explored rigorously.

L6 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2003 ACS on STN DUPLICATE 1
AN 2001:732865 CAPLUS
DN 136:277865
TI Tumor necrosis factor-.alpha./interleukin-10 balance in normal and cystic fibrosis children
AU Shmarina, Galina V.; Pukhalsky, Alexander L.; Kokarovtseva, Svetlana N.; Pukhalskaya, Daria A.; Shabalova, Lidia A.; Kapranov, Nikolai I.; Kashirskaja, Natalia J.
CS Laboratory of Immunogenetics, Research Centre for Medical Genetics, Moscow, 115478, Russia
SO Mediators of Inflammation (2001), 10(4), 191-197
CODEN: MNFLEF; ISSN: 0962-9351
PB Carfax Publishing
DT Journal
LA English
AB The balance between tumor necrosis factor-.alpha. (TNF-.alpha.) and interleukin-10 (IL-10) is important for immune homeostasis maintenance. Exuberant prodn. of TNF-.alpha. contributes to an overwhelming inflammatory response and tissue damage. Commonly, however, increase in TNF-.alpha. is counterbalanced by the simultaneous synthesis of an anti-inflammatory cytokine IL-10, which suppresses prodn. of many activating and regulatory mediators. Here, the relationships between TNF-.alpha. and IL-10 in the plasma of healthy school-children and cystic fibrosis (CF) patients have been investigated. Blood samples were obtained from 12 CF patients with chronic pulmonary disease and 18 healthy school-children vaccinated with live **attenuated rubella** vaccine. IL-10 and TNF-.alpha. were detd. in the plasma samples using com. available ELISA kits. Before vaccination, most healthy children (13 of 18) demonstrated superiority of pro-inflammatory TNF-.alpha. over anti-inflammatory IL-10 (TNF-.alpha./IL-10 >1). In these subjects, a pos. linear assocn. between the cytokine values was found. Vaccine challenge resulted in a marked redn. of the TNF-.alpha./IL-10 ratios. In addn., the correlation between the cytokine values disappeared. Such disturbance was related to a high rise of IL-10 levels after inoculation. On the contrary, in CF individuals, plasma cytokine values remained in strong linear assocn. independently of TNF-.alpha. or IL-10 predominance. No spikes were obsd. in the plasma levels of IL-10 in CF patients during a 6-mo observation period. There were no fundamental differences between CF and healthy children in the regulation of TNF-.alpha. and IL-10 secretion. Thus, immune quiescence seems to be assocd. with the predominance of TNF-.alpha., whereas immune disturbance is characterized by IL-10 superiority. The only abnormality that was found in CF patients consisted of their inability to produce unlimited IL-10 in response to antigenic stimuli.
RE.CNT 44 THERE ARE 44 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 5 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

AN 2001332616 EMBASE
TI [Vaccination].
IMPFUNGEN.
AU Graubner U.B.; Liese J.; Belohradsky B.H.
CS Dr. U.B. Graubner, K.klin./K.poklin. D. Haunerschen K., Klinikum Univ. Munchen-Innenstadt, Abteilung Hamatologie und Onkologie, Lindwurmstr. 4, 80337 Munchen, Germany
SO Klinische Padiatrie, (2001) 213/SUPPL. 1 (A77-A83).
Refs: 38
ISSN: 0300-8630 CODEN: KLPDB2
CY Germany
DT Journal; Article
FS 016 Cancer
017 Public Health, Social Medicine and Epidemiology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA German
SL English; German
AB Vaccination has been an important part of antiinfectious prophylaxis in pediatric oncology comprising immunizations with special indication like varicella vaccine and follow-up of routine immunizations after chemotherapy and bone marrow transplantation (BMT). Studies from the last decade demonstrate a loss of long term immunity to immunization preventable disease in most patients with chemotherapy and BMT who had received appropriate immunization before. So far routine vaccination programs following intensive chemotherapy have not been studied prospectively. Immunization programs following BMT have shown that immunizations with tetanus toxoid, diphteria toxoid, inactivated poliovirus vaccine and influenza vaccine - given at least 12 months after transplantation - are safe and effective. Vaccination with live **attenuated** trivalent vaccine against **measles**, **mumps** and **rubella** in patients without chronic "graft versus host disease" (GVHD) and without ongoing immunosuppressive therapy, performed 24 months after transplantation, proved to be safe too. Recommendations have been published by 5 different official groups: (1.) "Standige Impfkommission" (STIKO) and (2.) "Deutsche Gesellschaft fur padiatrische Infektiologie" (DGPI) recommend varicella vaccine fur children with leukemia in remission for at least 12 months, for children with solid **tumors** and for patients getting an organ transplantation. Both societies do not comment on the schedule of booster vaccinations (with live **attenuated** vaccines) after the end of chemotherapy and after BMT. (3.) "Qualitatssicherungsgruppe" der "Gesellschaft fur padiatrische Onkologie und Hamatologie" (QS-GPOH) recommends immunization with nonliving vaccines when the patient is off therapy for at least 3 months and immunization with live **attenuated** vaccines when he is off therapy for at least 6 months. This group does not comment on varicella vaccine which has been controversial among pediatric oncologists. (4.) The "Infectious disease working party of the European group for Blood and Marrow Transplantation" (EBMT) recommends immunization with nonliving vaccines when the patient is off transplantation for at least 12 months, without GVHD and without immunosuppressive therapy. (5.) The "Guidelines for Preventing Opportunistic Infections Among Hematopoietic Stem Cell Transplant (HSCT) Recipients" published by the following american institutions and societies: "Centers for Disease Control and Prevention", "Infectious Diseases Society of America" and "American Society of Blood and Marrow Transplantation" recommend that patients should be routinely revaccinated after transplantation if they are off immunosuppressive therapy and do not suffer from GVHD: beginning of vaccinations with nonliving vaccines in the second year after HSCT, beginning of vaccinations with live **attenuated** vaccines in the third year after HSCT. Life-long

seasonal influenza vaccination is recommended for all HSCT candidates and recipients, beginning during the influenza season before HSCT and resuming >6 months after HSCT. IT would be appriciated if working groups of these societies could find consensus recommendations on open and controversial questions in the near future.

L6 ANSWER 5 OF 5 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 1999272066 EMBASE
TI Viral Disease Update: Editorial.
AU Severson J.L.; Tyring S.K.
CS Dr. J.L. Severson, Department of Microbiology, University of Texas Medical Branch, Galveston, TX, United States
SO Current Problems in Dermatology, (1999) 11/2 (41-70).
Refs: 204
ISSN: 1040-0486 CODEN: APDEBX
CY United States
DT Journal; General Review
FS 013 Dermatology and Venereology
037 Drug Literature Index
LA English
SL English
AB Eight human herpesviruses have been identified and 10 antiviral drugs are Food and Drug Administration approved for their therapy. The herpesviruses are unique in that they all may cause primary infection, establish latency, and then reactivate if conditions of altered immunity develop. Herpes simplex virus type 1 is usually the cause of herpes labialis or cold sores. More than 85% of the population is seropositive for this virus, although only 20% to 40% of people have recurrent orolabial outbreaks. Herpes simplex virus type 2 (HSV-2) is the most common cause of genital herpes infection. One of every 5 people more than 12 years old is seropositive for HSV-2. The incidence has increased by 30% since 1976. Most people do not even know that they have been infected with the virus and that they can transmit the virus to a sexual partner. The antivirals acyclovir, valacyclovir, and famciclovir modify recurrent outbreaks of genital herpes and suppress outbreaks when taken on a daily basis. The side effects are comparable to those of placebo and no drug interactions have been identified. Valacyclovir may even prevent the transmission of HSV-2 from a seropositive person to a seronegative partner. Vaccines to modify recurrences of herpes simplex infections and prevent infections show promise. Varicella zoster virus causes varicella (chickenpox) and zoster (shingles). A live **attenuated** vaccine is available to prevent varicella. Acyclovir, valacyclovir, and famciclovir modify the very painful reactivation of varicella zoster virus in shingles. Famciclovir even decreases the length and severity of postherpetic neuralgia that can be debilitating in the elderly. Epstein-Barr virus, the fourth human herpesvirus, is associated with infectious mononucleosis and lymphoproliferative diseases in immunocompromised patients. Cytomegalovirus, the fifth human herpesvirus, is typically symptomatic only in neonates and the immunocompromised. Human herpesvirus type 6 causes a mild, self-limited disease in childhood called sixth disease or exanthem subitum. No diseases have definitively been linked to the seventh human herpesvirus, but it is speculated that pityriasis rosea may be linked to this virus. The eighth human herpesvirus is associated with the violaceous lesions of Kaposi's sarcoma. The poxvirus manifests as molluscum contagiosum in children and sexually active adults and is most troublesome in the immunocompromised. Treatment with the antiviral cidofovir results in remarkable clearance of molluscum contagiosum in human immunodefiency virus-infected individuals. Human papillomaviruses cause warts anywhere on the body. An estimated 30% to 50% of the sexually active population has genital human papillomavirus infection, called

condyloma acuminata. Several types of human papillomavirus are associated with anogenital **cancers**. Human papillomavirus DNA is found in greater then 93% of cervical **cancers**, the second most common cause of **cancer** death in women throughout the world. Earlier treatments of these infections involved nonspecific tissue destruction and significant recurrence rates. Podofilox gel and solution are safe and effective for self-treatment of genital warts. Treatment with imiquimod, an immune-response modifying agent that induces interferon alfa and other cytokines, results in clearance of warts and human papillomavirus DNA. There are no systemic side effects and local inflammatory reactions are tolerable for most patients. The viral exanthems, **measles** and **rubella**, have made a resurgence in recent years. Most cases in the United States have been linked to international importations. Hepatitis C is a parenterally transmitted RNA virus. Chronic hepatic disease occurs in 50% of patients with acute hepatitis C infection. Chronic disease can lead to cirrhosis and hepatocellular **carcinoma**. Dermatologic manifestations may be the only clinical evidence of underlying disease. Findings may include pruritus, porphyria cutania tarda, vasculitis, salivary gland lesions, lichen planus, polyarteritis nodosa, urticaria, erythema nodosum, and erythema multiforme. A new combination therapy of ribavirin capsules and interferon alfa-2b recombinant for injection results in 45% of patients able to sustain reduced hepatitis C virus levels.

L11 ANSWER 7 OF 27 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1998:113631 BIOSIS
DN PREV199800113631
TI Effect of immunosuppressive therapy on **measles**, **mumps** and **rubella** (MMR) antibody in children successfully completing treatment for **cancer**.
AU Feldman, S. [Reprint author]; Andrew, M.; Norris, M.; McIntyre, B.; Iyer, R.
CS Univ. Miss. Med. Cent., Dep. Pediatrics, 2500 N. State St., Jackson, MS 39216-4505, USA
SO Abstracts of the Interscience Conference on Antimicrobial Agents and Chemotherapy, (1997) Vol. 37, pp. 236. print.
Meeting Info.: 37th Interscience Conference on Antimicrobial Agents and Chemotherapy. Toronto, Ontario, Canada. September 28-October 1, 1997. ICAAC.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Slide)
LA English
ED Entered STN: 3 Mar 1998
Last Updated on STN: 3 Mar 1998

L11 ANSWER 13 OF 27 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 1981:96080 BIOSIS
DN PREV198121031076; BR21:31076
TI EPIDEMIOLOGIC REVIEWS VOL. 2.
AU SARTWELL P E; NATHANSON N
SO Epidemiologic Reviews, (1980) pp. VII+231P. SARTWELL, P. E. AND N. NATHANSON (ED.). EPIDEMIOLOGIC REVIEWS, VOL. 2. VII+231P. JOHNS HOPKINS UNIVERSITY PRESS: BALTIMORE, MD., USA; LONDON, ENGLAND. ILLUS.
Publisher: Series: Epidemiologic Reviews.
ISSN: 0193-936X. ISBN: 0-8018-2405-2(PAPER), 0-8018-2404-4(CLOTH).
DT Book
FS BR
LA ENGLISH
ED Entered STN: 28 Apr 1986
Last Updated on STN: 28 Apr 1986

L11 ANSWER 22 OF 27 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
AN 91067916 EMBASE
DN 1991067916
TI Virus infections in children with cancer.
AU Morris D.J.
CS Department of Virology, Booth Hall Children's Hospital, Charlestown Road, Manchester M9 2AA, United Kingdom
SO Reviews in Medical Microbiology, (1990) 1/1 (49-57).
ISSN: 0954-139X CODEN: RMEMER
CY United Kingdom
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
016 Cancer
047 Virology
037 Drug Literature Index
LA English
SL English
AB Recent improvements in outcome consequent on the use of intensive chemoradiotherapy have emphasised the importance of viruses as causes of morbidity and mortality in children with **cancer**. Varicella and **measles** are associated with high mortality rates in these children

because of the development of giant cell pneumonia or encephalitis. Hepatitis B and non-A non-B hepatites may produce fatal chronic liver disease. Oral herpes simplex may progress to necrotic ulcers, secondary bacterial sepsis or haemorrhage. Rarely, herpes simplex disseminates to the liver, lungs, or brain. Cytomegalovirus, adenoviruses, parainfluenzaviruses, influenzaviruses, and respiratory syncytial virus occasionally produce severe disease in children receiving anti-**cancer** chemotherapy, but rotavirus, astrovirus, hepatitis A virus, **mumps rubella**, enterovirus, and rhinovirus infections are probably no more severe in these children than in normal children. Laboratory diagnosis of virus infections in children with malignant disease currently rests largely on virus isolation, electron microscopi, and detection of viral antigens by immunofluorescence. The availability of antiviral chemotherapy for herpesviruses, measlesvirus, and other respiratory viruses emphasises the need for rapid tests. Effective prophylaxis and therapy are available for herpes simplex, varicella and zoster. **Measles** remains a serious disease in children with **cancer**. Although prophylactic hyperimmune **measles** globulin and therapeutic ribavirin may control **measles** in these children in the future, improved uptake of **measles** vaccine in the general population is also necessary.

L11 ANSWER 25 OF 27 EMBASE
on STN
AN 83140190 EMBASE
DN 1983140190
TI Immunoblastic lymphadenopathy (IBL)-like T cell lymphoma.
AU Shimoyama M.; Tobinai K.; Minato K.; Watanabe S.
CS Dep. Clin. Lab., Natl. Cancer Cent. Hosp., Chuo-ku, Tokyo 104, Japan
SO Gann Monographs on Cancer Research, (1982) No. 28/- (121-134).
CODEN: GANMAX
CY Japan
DT Journal
FS 016 Cancer
025 Hematology
005 General Pathology and Pathological Anatomy
031 Arthritis and Rheumatism
026 Immunology, Serology and Transplantation
LA English
AB We proposed a new disease entity called 'Immunoblastic lymphadenopathy (IBL)-like T-cell lymphoma' in 1979. The present study represents an analysis of 14 cases. IBL-like T-cell lymphoma, although its clinical and morphological findings resemble immunodysplastic disease, IBL, angioimmunoblastic lymphadenopathy with dysproteinemia, lymphogranulomatosis x and polyclonal immunoblastosis, is a distinct peripheral T-cell lymphoma with suppressor/cytotoxic T-cell phenotype in adult; it is completely different from adult T-cell leukemia-lymphoma. The characteristics of this disease are summarized as follows: 1) the disease usually starts with generalized lymphadenopathy, frequently associated with high fever, skin rash and weakness; 2) lymphadenopathy is partially regressed by steroid hormone therapy, especially in the early phases of the disease; 3) frequent involvement of hepatosplenomegaly, but infrequent leukemic change and no thymic involvement; 4) poor prognosis; 5) marked male predominance; 6) polyclonal hypergammaglobulinemia; 7) Coombs test sometimes positive, occasionally associated with autoimmune hemolytic anemia and pure red cell aplasia; 8) elevation of various anti-virus titer (**measles**, **rubella**, varicella, and Epstein-Barr virus (EBV), and/or of anti-toxoplasma titer; 9) leucocytosis with neutrophilia, lymphocytopenia and atypical plasmacytoid cells; 10) no endemic distribution of the patients' birthplace; 11) multifocal or diffuse neoplastic proliferation of immunoblasts, large lymphoid cells and/or

so-called 'pale cells' with angioimmunoblastic and granulomatous lesions, zonal proliferation of plasma cells, disappearance of germinal center, deposition of amorphous acidophilic interstitial material and depletion of small lymphocyte; the patient is often diagnosed as IBL or angioimmunoblastic lymphadenopathy (AILD) at initial biopsy, so serial examinations must be indicated; 12) neoplastic cells express the T-cell nature of suppressor/cytotoxic T-cell phenotype; 13) surface and cytoplasmic immunoglobulins of lymph node cells are not monoclonal, but polyclonal. It is necessary to disclose why IBL-like T-cell lymphoma is frequently associated with variegated and brilliant clinical manifestations such as fever, skin rash, polyclonal hypergammaglobulinemia, elevation of various anti-virus titer and autoimmune mechanism, and granulomatous lesions in lymph nodes, despite the **tumor** cells having suppressor/cytotoxic T-cell phenotype.

L11 ANSWER 17 OF 27 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN.
AN 1977:183154 BIOSIS
DN PREV197764005518; BA64:5518
TI THE LIFETIME HEALTH MONITORING PROGRAM A PRACTICAL APPROACH TO PREVENTIVE MEDICINE.
AU BRESLOW L; SOMERS A R
SO New England Journal of Medicine, (1977) Vol. 296, No. 11, pp. 601-608. CODEN: NEJMAG. ISSN: 0028-4793.
DT Article
FS BA
LA Unavailable
AB Current patterns of health care and its financing need to be improved by the incorporation of cost-effective and health-effective preventive measures. As a stimulus for further development, a Lifetime Health-Monitoring Program is proposed that uses clinical and epidemiologic criteria to identify specific health goals and professional services appropriate for 10 different age groups. During infancy, e.g., 7 immunizations [diphtheria, tetanus, pertussis, **measles**, **mumps rubella**, polio]; tests to detect anemia, hemorrhagic diseases, phenylketonuria and developmental deficiencies; and routine prophylaxis and gonorrheal ophthalmia are recommended. In the age group 40-59, tests for hypertension and cervical, mammary and gastrointestinal cancer, and control obesity and smoking are in order. The cost of such preventive measures, which should not be prohibitive, must be covered by health-insurance programs, whether based on fee-for-service or capitation. This program, by incorporating prevention into day-to-day care, should strengthen the patient-physician relation.

L16 ANSWER 2 OF 2 MEDLINE on STN
AN 96177164 MEDLINE
DN 96177164 PubMed ID: 8599233
TI The nonstructural C protein is not essential for multiplication of Edmonston B strain measles virus in cultured cells.
AU Radecke F; Billeter M A
CS Institut fur Molekularbiologie, Abteilung 1, Universitat Zurich, Honggerberg, Switzerland.
NC 5 R01 AI35136 (NIAID)
SO VIROLOGY, (1996 Mar 1) 217 (1) 418-21.
Journal code: 0110674. ISSN: 0042-6822.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
OS GENBANK-Z66517
EM 199604
ED Entered STN: 19960506
Last Updated on STN: 19960506
Entered Medline: 19960425
AB Measles virus (MV) is a highly contagious agent which causes a major health problem in developing countries. Efficacious and safe live **attenuated** vaccine strains are available, but for the elimination of **measles** a better knowledge about the molecular biology of MV appears crucial. Whereas the roles of the six structural proteins in the replication cycle are known, the functions of the two nonstructural proteins C and V are unclear, which is also true for related viruses. In vitro studies implicating Sendai virus suggest that the C protein might be involved in downregulating viral mRNA synthesis (J. Curran, J.B. Marq, and D. Kolakofsky, Virology 189, 647-656, 1992). However, not all members of the Paramyxovirinae subfamily encode this protein, raising the question about its importance for the viral replication cycle. Taking advantage of a recently developed reverse genetics system allowing MV recovery from cloned DNA (F. Radecke, P. Spielhofer, H. Schneider, K. Kaelin, M. Huber, C. Dotsch, G. Christiansen, and M.A. Billeter, EMBO J. 14, 5773-5784, 1995), the question was addressed whether the C protein is essential for the life cycle of MV. A plasmid was constructed to produce a derivative of the Edmonston B vaccine strain, MV C- EdB, having its C reading frame silenced by two **point mutations**.
The C- mutant MV could indeed be rescued, and it multiplies in cultured cells without obvious impairment.

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- Search History will be lost after eight hours of inactivity.
- To combine searches use # before search number, e.g., #2 AND #6.
- Search numbers may not be continuous; all searches are represented.

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#15	Search **rubella AND vaccine AND (cancer or tumor)** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	15:20:15	7
#14	Search **MMR AND vaccine AND (cancer or tumor)** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	15:20:07	0
#13	Search **MMR AND (cancer or tumor)** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	15:19:43	171
#12	Search **MMR same cancer** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	15:19:31	8
#11	Search **Measles AND point-mutation** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	14:28:02	2
#9	Search **Measles AND point mutation** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	14:27:40	2
#8	Search **Measles AND attenuate AND point mutation** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	14:27:33	0
#4	Search **measles AND F AND H** Field: **Title/Abstract,** Limits: **Publication Date to 2000/09/22**	10:05:45	99
#1	Search **measles AND F AND H** Field: **Title,** Limits: **Publication Date to 2000/09/22**	09:53:44	2

Clear History